

## CLAIMS ONLY

Application Number

10633625

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend				
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50										
Total Indep										
Total Depend										
Total Claims			8	9						